	1											
Bille	d Entity A	pplicant #: 13	1976				Applican s I	orm Identif	ier: <b>DM</b> I	PS4710101		
Cont	act Person	Greg Da	vis				Phone Numb	er: 515-2	42-7773			
BLC	OCK 5: Di	scount Fundin	g Reques	st(s)				Pag	ge 85 of 319			
Instru numb	ections: Use oer the comp	e one Block 5 pag oleted pages to as	ge for EAC sure that th	H serv hey are	ice (Funding all processed	Request Numb correctly.	per) for which y	you are reque	sting discounts. M	ake as many cop	ies of this page	as necessary, and
FRN	<b>1</b> #					(to be	assigned by	v administ	rator)			
11		of Service (only (	_	-				15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	600-48B
12	Form 470	Application Nu	ımber:		7043	340000296620	)	16	Billing Account No (e.g. billed telephor	umber:	N	//A
								17	Allowable Vendor S Contract Date: (mm	election/	12/12	2/2000
13		rvice Provider tion Number:				143008724			Contract Award Da (mm/dd/yyyy)		01/12	2/2001
	i i								Service State Date (r			1/2001
14	Correigo Du	ovider Name							Service End Date (m Contract Expiration			/A
						Enterprises,				06/30	3/2002	
21	Descriptio	n of this Service:							of components and co ad note number in spa		Attachment	# <u>USFATCH0102</u>
22	Entity/Ent Service:	ities Receiving thi		Nu	mber of the ent	ity from Block	4 receiving this s	service.	by others), list the Er			
					he service is sh ;. A-1)	ared by all entit	ties on a Block 4	worksheet, list	the worksheet numb	er:		
23	Calculatio	ns	· ., <del></del>		<u>, , , , , , , , , , , , , , , , , , , </u>							
		Recu	rring Cha	arges			Non	-Recurring	Charges		Total Charge	S
	A	В	C		D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)							Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0		0	0	5,000	0	5,000	5,000	80%	\$4,000

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Billed Entity Applicant #: 131976	Applica s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 86 of 319
Instructions: Use one Block 5 page for EACH service (Funding Re	equest Number) for which you are requesting discounts. Make as many copies of this page as necessary, and

number the completed pages to assure that they are all processed correctly.

FRN	<b>1</b> #	(to be assigned by	y admini	strator)	
11	O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
ļ			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Al			ow. Attachment # USFATCH0102
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this:	service.		0 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)			
23	Calculations				

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	С	C D		F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	60%	4,500	

			·			
Bille	ed Entic, applicant #: 131976		Applic, s Form	ldentii	ier: <b>DMPS4710101</b>	
Cont	act Person: Greg Davis		Phone Number:	515-2	242-7773	
BLC	OCK 5: Discount Funding Requ	est(s)	<u> </u>	Pag	ge 87 of 319	
Instru numb	uctions: Use one Block 5 page for EA per the completed pages to assure that	ACH service (Funding Request Nunthey are all processed correctly.	iber) for which you ar	e reque	sting discounts. Make as many co	opies of this page as necessary, and
FRN	N #	(to b	e assigned by adr	ninist	rator)	
11	Category of Service (only ONE cate	egory should be checked)	1		Contract Number (if available; use "T" if tariffed service, "MTM" if	RFP #00-48B
	O Telecommunications Services	O Internet Access • Internal C	Connections	,	month-to-month services as described in instructions)	
12	Form 470 Application Number:		1	6	Billing Account Number:	N/A
		70434000029662	0		(e.g. billed telephone number)	
- <u>-</u>			1		Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider		1	8	Contract Award Date	

21 Description of this Service: You MUST attach a description of the service, including breakdown of components and costs, plus any 22 Entity/Entities Receiving this

Identification Number:

Service Provider Name

relevant brand names. Label this description with an Attachment #, and note number in space provided below. If the service is site-specific (provided to one site and not shared by others), list the Entity

143008724

DaVoco Enterprises, Inc.

**Contract Award Date** 

Service State Date (mm/dd/yyyy)

59842 -

Service End Date (mm/dd/yyyy)

Contract Expiration Date

01/12/2001

07/01/2001

N/A

06/30/2002

Attachment # USFATCH0102

(mm/dd/yyyy)

(mm/dd/yyyy)

19a

19b

20

Number of the entity from Block 4 receiving this service. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)

23 Calculations

Service:

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	50%	\$2,500	

Billed Entity Applicant #: 131976	Applicant's Form I	dentifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773		
BLOCK 5: Discount Funding Request(s)		Page 88 of	319	

FRI	N #	(to be assigned by	admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	,	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At		n of components and costs, plus any	ow. Attachment # USFATCH0102
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s		red by others), list the Entity 5900	)2 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	n-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	Ī	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000	

***	1						• •							
Bille	d Entiry A	pplicant #: 13	1976				Applic s l	Form Ide	ntifie	er: DMP	S4710101			
Cont	act Person	Greg Da	vis				Phone Numb	er: 51	5-24	12-7773				
BLC	OCK 5: Di	scount Fundin	g Reque	est(s)			, , , , , ,		Page	89 of 319				
Instri numl	etions: Use oer the comp	one Block 5 pag pleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numl correctly.	ber) for which	you are re	questi	ing discounts. Ma	ke as many copi	es of this page	as necessary, and	
FRI	V#					(to be	assigned by	y admin	istra	ator)				
11		of Service (only only only only only only only only			ould be check net Access			15	Co "T	ontract Number (if "if tariffed service, onth-to-month servicescribed in instruction	"MTM" if	RFP#	00-48B	
12	Form 470	Application Nu	ımber:		704	340000296620	)	16	Bi (e.	Billing Account Number: (e.g. billed telephone number)		N/A		
								17		llowable Vendor Se ontract Date: (mm/		12/12	2/2000	
13		rvice Provider ion Number:				143008724	18 Contract Award Date (mm/dd/yyyy)			е	01/12	2/2001		
							19a Service State Date (mm/dd/yyyy					07/01		
14	Service Pr	ovider Name			DaVoco	Enterprises,	19b Service End Date (mm/dd/yyyy)  7, Inc. 20 Contract Expiration Date (mm/dd/yyyy)					N/A 06/30/2002		
21	Descriptio	n of this Service:							wn of	components and cos note number in space		Attachment #	# USFATCH0102	
22	Entity/Ent Service:	ities Receiving th	is	Nu b. If t	mber of the en	tity from Block	4 receiving this	service.	<u>-</u>	y others), list the Ent				
23	Calculatio	ns		(0.)	;. A-1)		······································				<u> </u>			
	L	Recu	rring Cl	narges		<del></del>	Nor	-Recurri	ing Cl	harges		Total Charge	<u> </u>	
	A	В	(	2	D	E	F	G		Н	I	J	K	
Monthly \$ charges (total amount for service)  How much of the \$ amount in (A) is ineligible?  Eligible monthly # of months service discount or amount provided in eligible							Annual non- recurring (one time) \$	How much the \$ ame in (F)	ount	Annual eligible pre-discount \$ amount for one-	Total program year pre-discount \$ amount	% discount (from Block 4 worksheet)	Funding Commitment \$ Request	

charges

5,000

ineligible?

0

time charges (F minus G)

5,000

(E & H)

5,000

40%

おうない あるのとなべてなるないというないまということの

Request

 $(I \times J)$ 

\$2,000

recurring

charges (C x D)

program year

0

0

(A minus B)

0

							·								
Bille	ed Entity 🖂	pplicant #: 13	31976		<u>-</u>		Applica s l	Form Ic	lentif	ier: DMI	PS4710101				
Con	act Person:	Greg Da	vis				Phone Number: 515-242-7773								
BLC	OCK 5: Di	scount Fundin	ıg Reque	est(s)		1	Page 90 of 319								
Instr numl	actions: Use per the comp	e one Block 5 pag eleted pages to as	ge for EA ssure that	CH serv they are	ice (Funding all processed	Request Numl correctly.	ber) for which	you are	reque	sting discounts. Ma	ake as many cop	ies of this page	as necessary, and		
FRI	V #		<del></del>		· · · · · · · · · · · · · · · · · · ·	(to be	assigned by	v adm	inist	rator)					
11	Ì	of Service (only mmunications Se						15		Contract Number (if "T" if tariffed service, month-to-month servi described in instruction	, "MTM" if ces as	RFP	#00-48B		
12	Form 470	Application Nu	umber:		704:	340000296620	)	16		Billing Account Nu (e.g. billed telephon	e number)	N/A			
								17		Allowable Vendor Se Contract Date: (mm		12/1	2/2000		
13	1	rvice Provider tion Number:				143008724		18		Contract Award Dat (mm/dd/yyyy)		01/1	2/2001		
			l					19		Service State Date (n		<del></del>	1/2001		
14	Service Pr	ovider Name			DaVoco	Enterprises,	Inc.	19b Service End Date (mm/dd/yyyy) 20 Contract Expiration Date (mm/dd/yyyy)				N/A 06/30/2002			
21	Descriptio	n of this Service:							down o	of components and cos and note number in space		Attachment	# USFATCH0102		
22	Entity/Ent Service:	ities Receiving th	is	b. If	ımber of the en	tity from Block	4 receiving this	service.		by others), list the En					
23	Calculatio	ns		(0.8	<u> </u>			•							
	I	Recu	ırring Cl	arges			Not	ı-Recur	ring	Charges		Total Charge	es		
	A	В	(	2	D	E	F	(	<b>3</b>	Н	I	J	K		

Billed Entity Applicant #: 131976	Applicant's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 91	of 319

FRI	N #	(to be assigned b	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)  O Internet Access   Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number: 704340000296620		16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
14	Service Provider Name	DaVoco Enterprises, Inc.	19b 20	Service End Date (mm/dd/yyyy)  Contract Expiration Date	N/A 06/30/2002
				(mm/dd/yyyy)	00,50,2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A			w. Attachment # <u>USFATCH0102</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	2 -		
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	4 worksheet,	list the worksheet number:	
23	Calculations				

		Non-Recurring Charges			Total Charges					
A	В	С	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	\$5,000

Billed Entic pplicant #: 131976	Applic. 3 Form	Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 92 of 319	
Instructionar Hanna Distance C. FACT			

FRN	V #	(to be assigned by	admini	strator)					
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; "T" if tariffed service, "MTM" if month-to-month services as described in instructions)					
12	Form 470 Application Number:	704340000296620	16	16 Billing Account Number: N/A (e.g. billed telephone number)					
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000				
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001				
			19a	Service State Date (mm/dd/yyy)	y) 07/01/2001				
			19b	Service End Date (mm/dd/yyyy	)N/A				
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002				
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # USFATCH010							
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity  Number of the entity from Block 4 receiving this service.							
22	Colonia	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:					

23	Calculations
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			Non-Recurring Charges			Total Charges				
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & II)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (t x J)
0	0	0	0	0	5,000	0	5,000	5,000	90%	\$4,500

Joni	act Person	pplicant #: 13 : Greg Dav					Applica Form Identifier: DMPS4710101  Phone Number: 515-242-7773							
3LC	OCK 5: Di	scount Fundin		est(s)			Page 93 of 319							
stn	ictions: Use		ge for EA	CH serv	vice (Funding l	Request Numb	per) for which			lake as many copie	es of this page a	as necessary, and		
	N #						assigned by	v administr	ator)					
		of Service (only 6						15 C	ontract Number (i I" if tariffed service	if tariffed service, "MTM" if  RFP #00-48B  ath-to-month services as				
	Form 470 Application Number: 704340000296620						)	16 B	illing Account N	umber:	N	/A		
								17 A	Allowable Vendor Selection/			2/2000		
	<b>.</b> .	rvice Provider tion Number:				143008724		1 1	Contract Award Date (mm/dd/yyyy)			01/12/2001		
									ervice State Date (		07/01/2001			
	Service Pr	ovider Name			D.W.	T74	T		ervice End Date (n		N/A 06/30/2002			
	Scivice	ovider mange			Davoco	Enterprises,	inc.		Contract Expiration Date 06/30 (mm/dd/yyyy)			-0/2002 		
	Description	Description of this Service:  You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attach							Attachment #	Attachment # USFATCH0102				
	Entity/Ent Service:	tities Receiving thi	is	b. If	umber of the ent	ity from Block	4 receiving this s	service.	by others), list the E					
	Calculatio	ns		L( <del>0.</del> /	<u> </u>					<u>-</u>				
		Recu	rring C	harges	······································		Nor	-Recurring C	Charges		Total Charge	5		
	A	В	(	3	D	E	F	G	Н	I	J	K		
ontl	nly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	ame	monthly scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
otal		l		0	0	0	5,000	0	5,000	5,000	80%	\$4,000		

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Billed Entity Applicant #: 131976	Applic s Form	Identifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773		
BLOCK 5: Discount Funding Request(s)	<del></del>	Page 94 of	319	

FRN	N #	(to be assigned by	admini	strator)				
11	O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/	N/A			
			' '	Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a	Service State Date (mm/dd/yyyy)	07/01/2001			
			1 <u>9</u> b	Service End Date (mm/dd/yyyy)	N/A			
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # USFATCH0102						
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity  Number of the entity from Block 4 receiving this service.						
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:				
23	Calculations							

		Non-Recurring Charges			Total Charges					
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (lotal amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	50,000	0	50,000	50,000	80%	\$40,000

Billed Entry Applicant #: 131976	Applicant's Form	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 95 of	319

FRI	N #	(to be assigned by	y admini	strator)					
11	Category of Service (only ONE cat O Telecommunications Services	o Internet Access Internal Connections	15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B				
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A				
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000				
13	SPIN - Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001				
			19a	Service State Date (mm/dd/yyyy)	07/01/2001				
			19b	Service End Date (mm/dd/yyyy)	N/A				
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002				
21	Description of this Service:		ou MUST attach a description of the service, including breakdown of components and costs, plus any elevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # <u>USFATC</u>						
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity  Number of the entity from Block 4 receiving this service.							
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:					
23	Calculations								

	Recu	rring Charges			Non	a-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)	
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000	

Billed Entity Applicant #: 131976	Applica s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 96 of 319

FRI	N #_	(to be assigned by	y admini	istrator)					
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B				
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A				
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000				
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001				
			19a	Service State Date (mm/dd/yyyy)	07/01/2001				
14	Service Provider Name	DaVoco Enterprises, Inc.	19b 20	Service End Date (mm/dd/yyyy)  Contract Expiration Date (mm/dd/yyyy)	N/A 06/30/2002				
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.		n of components and costs, plus any	ow. Attachment # <u>USFATCH0102</u>				
22	Entity/Entities Receiving this Service:	Number of the entity from Block 4 receiving this	If the service is site-specific (provided to one site and not shared by others), list the Entity  Number of the entity from Block 4 receiving this service.  f the service is shared by all entities on a Block 4 worksheet, list the worksheet number:						
23	Calculations								

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	H	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000	

Billed Entity Applicant #: 131976	Applicant's Form I	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)	· · · · · · · · · · · · · · · · · · ·	Page 97 of	319

FRI	N #	(to be assigned by	y admini	strator)					
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)  O Internet Access • Internal Connections	15	Contract Number (if available; "T" if tariffed service, "MTM" i month-to-month services as described in instructions)		RFP #00-48B			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number	.)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000			
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)		01/12/2001			
			19a	Service State Date (mm/dd/yyy	у)	07/01/2001			
			19b	Service End Date (mm/dd/yyyy)		N/A			
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002			
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any elevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attach						
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		59003 -					
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:					
23	Calculations	1 (-10) //	· · · · · · · · · · · · · · · · · · ·						

	Recu	rring Charges			Non	ı-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	60%	4,500	

Billed Entity applicant #: 131976	Applic. s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 98 of 319

FRI	N #	(to be assigned b	y admini	strator)				
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a	Service State Date (mm/dd/yyyy)	07/01/2001			
			19b	Service End Date (mm/dd/yyyy)	N/A			
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A			ow. Attachment # USFATCH0102			
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity  Number of the entity from Block 4 receiving this service.						
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)						
23	Calculations				-			

-	Recu	rring Charges			Nor	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	Ī	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000	

	.1													
Bille	d Entity A	pplicant #: 13	1976				Applicant s I	orm Id	entifie	er: DMI	PS4710101			
Cont	act Person	Greg Da	vis				Phone Numb	er: 5	15-24	2-7773				
BLO	CK 5: Di	scount Fundin	g Reques	t(s)			Page 99 of 319							
Instru numb	er the comp	e one Block 5 pag pleted pages to as	ge for EAC sure that th	H serv ney are	ice (Funding all processed	Request Numl correctly.	per) for which y	you are i	request	ing discounts. Ma	ike as many cop	ies of this page	as necessary, and	
FRN	\					(to be	assigned by	y admi	nistra	ator)				
11	O Telecommunications Services O Internet Access • Internal						onnections	15	"T m	ontract Number (if "if tariffed service, onth-to-month servi- escribed in instruction	"MTM" if	RFP #00-48B		
12	Form 470	Application Nu	mber:		7043	340000296620	)	16	Bi	illing Account Nu e.g. billed telephon	ımber:	N/A		
							17 Allowable Vendor Select Contract Date: (mm/dd/				election/			
13	SPIN – Service Provider Identification Number: 143008724					143008724		18	(n	ontract Award Dat nm/dd/yyyy)		01/12	2/2001	
								19		ervice State Date (n			1/2001	
1.4	0 . 5	<del></del>					<del>"</del> .	191		ervice End Date (m			/ <b>A</b>	
14		ovider Name				Enterprises,		20	(n	ontract Expiration nm/dd/yyyy)	06/3	0/2002		
21	Descriptio	n of this Service:								components and cos note number in space		. Attachment	# USFATCH0102	
22	Entity/Ent Service:	ities Receiving th		Nu	mber of the ent	ity from Block	4 receiving this s	service.		y others), list the En				
					he service is sh (. A-1)	ared by all entit	ties on a Block 4	workshe 	et, list t	he worksheet numbe	er:			
23	Calculatio	ns												
		Recu	rring Cha	arges			Non	-Recur	ring C	harges		Total Charge	s	
	A	В	С		D	E	F	G	,	Н	I	J	K	
(total	(total amount for service) \$ amount in (A) pre-conservice pre-cons		Eligible m pre-disco amour (A minu	ount nt	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How m the \$ an in (F inelig	mount ) is ible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0	0		0	0	5,000	0	•	5,000	000 5,000 80%		\$4,000	

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Billed Enticy applicant #: 131976	Applica s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 100 of 319

FR	N #	(to be assigned by	y admini	strator)				
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)  O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a	Service State Date (mm/dd/yyyy)	07/01/2001			
L			19b	Service End Date (mm/dd/yyyy)	N/A			
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # USFATCH0102						
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	service.		927 -			
	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:  (e.g. A-1)							
23	Calculations							

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	С	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)	
0	0	0	0	0	7,500	0	7,500	7,500	60%	4,500	

_	İ													
Bille	ed Enticy A	pplicant #: 13	1976				Applic s I	orm Id	entifie	er: <b>DM</b> F	S4710101	<del></del>		
Con	tact Person	Greg Da	vis				Phone Number: 515-242-7773							
BLO	OCK 5: Di	scount Fundin	g Requ	est(s)			Page 101 of 319							
Instr num	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	ge for EA	CH serv	ice (Funding all processed	Request Numl correctly.	per) for which	ou are r	equest	ing discounts. Ma	ike as many c	opies (	of this page a	s necessary, and
FRI	N #					(to be	assigned by	/ admi	nistr	ator)				
Category of Service (only ONE category should be checked)  O Telecommunications Services O Internet Access • Internal of								15	C "T m	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as			RFP #00-48B	
12	Form 470 Application Number: 70434000029						)	16	В	escribed in instruction illing Account Nuclea, billed telephon	ımber:		N.	/A
								17		llowable Vendor Se ontract Date: (mm		12/12/2000		
13	SPIN – Service Provider Identification Number: 143008724					143008724		18	(n					/2001
								19a		ervice State Date (n ervice End Date (m		<del> </del>	07/01	
14	Service Pr	ovider Name			DaVoco	Enterprises,	Inc.	20	C	Service End Date (mm/dd/yyyy)   N/A     Contract Expiration Date   06/30/2002   (mm/dd/yyyy)				
21	Descriptio	n of this Service:							own of	components and cos note number in space		ow.	Attachment #	USFATCH0102
22	Entity/Ent Service:	tities Receiving th	is	Ni	imber of the ent	tity from Block	4 receiving this s	ervice.		y others), list the En	·	7 -		
					the service is sh g. A-1)	ared by all entit	ties on a Block 4	worksnee	et, list t	he worksheet numbe	er:	·		
23	Calculatio	ns										_		
		Recu	rring C	harges			Nor	-Recuri	ring C	harges		T	otal Charges	3
	A	В	(	2	D	E	F	G		Н	I		J	K
(tota	Monthly \$ charges (total amount for service) How much of the \$ amount in (A) is ineligible?		ame	monthly scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How me the \$ ar in (F ineligi	nount ) is ble?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discou \$ amount (E & H)		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
~	0	0		0	0	0	7,500	0		7,500	7,500		50%	3,750

Billed Ent pplicant #: 131976	Applic s Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 102 of 319	

FRI	N #	(to be assigned b	y admini	strator)			
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)  O Internet Access   Internal Connections	15	Contract Number (if available; "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48B	
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	)	N/A	
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000	
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)		01/12/2001	
			19a	Service State Date (mm/dd/yyyy	y)	07/01/2001	
			19b	Service End Date (mm/dd/yyyy)	)	N/A	
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002	
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # USFATCH0102					
22	Entity/Entities Receiving this Service:	this  a. If the service is site-specific (provided to one site and not shared by others), list the Entity  Number of the entity from Block 4 receiving this service.					
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:			
23	Calculations	1 \( \sigma^{-1} \)					

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000	

Billed Entity Applicant #: 131976	Applica s Form	Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)	<u> </u>	Page 103 o	f 319

FRI	N #	(to be assigned by	y admini	strator)					
11			15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B				
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A				
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000				
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001				
			19a	Service State Date (mm/dd/yyyy)	07/01/2001				
			19b	Service End Date (mm/dd/yyyy)	N/A				
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002				
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # USFATCH0102							
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity  Number of the entity from Block 4 receiving this service.  58932							
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:						
23	Calculations	<del></del>							

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	50,000	0	50,000	50,000	60%	\$30,000	

Cont	act Person:	Greg Day	vis				Applic , F Phone Numb	Form Identi er: 515-	242-7773	PS4710101				
BLC	CK 5: Di	scount Funding	g Reques	st(s)				Pa	ge 104 of 319					
ıstrı umb	er the comp	one Block 5 pag oleted pages to as	ge for EAC sure that the	CH serv hey are	ice (Funding l	Request Numl correctly.	ber) for which y	you are requ	esting discounts. M	ake as many copi	es of this page a	is necessary, and		
RN	T #					(to be	assigned by	v adminis	trator)					
		of Service (only (	_	•	ould be checke			15	Contract Number (i "T" if tariffed service month-to-month serv described in instruction	e, "MTM" if ices as	RFP#	00-48B		
?	Form 470 Application Number: 70434000029						)	16	Billing Account N (e.g. billed telepho		N	/A		
								17	Allowable Vendor S Contract Date: (mn	election/	12/12/2000			
	1	SPIN – Service Provider Identification Number: 143008724						18	Contract Award Da (mm/dd/yyyy)					
	143006724							19a	Service State Date (	mm/dd/yyyy)	01/12/2001 07/01/2001			
								19b	Service End Date (n	nm/dd/yyyy)	N/A			
	Service Pro	ovider Name			DaVoco	Enterprises,	Inc.	20	Contract Expiration (mm/dd/yyyy)	) Date	06/30	/2002		
	Descriptio	n of this Service:							of components and co and note number in spa		Attachment #	USFATCH0102		
	Entity/Ent Service: Calculatio	ities Receiving thi	L	b. If t	mber of the ent	ity from Block	4 receiving this s	service.	d by others), list the Ei					
_	<u> </u>	Recu	rring Ch	arges			Non-Recurring Charges				Total Charges			
	A	В	C		D	E	F	G	Н	I	J	K		
otal	lly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible m pre-disc amou (A minu	ount int	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amound in (F) is ineligible?	pre-discount \$ amount for one-	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)		
	0	0	0		0	0	5,000	0	5,000	5,000	50%	\$2,500		

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Billed Entity applicant #: 131976	Applica. 5 Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 105 of 319
Instructions: Use one Block 5 page for EACH service (Funding Request Nun	iber) for which you are requesting discounts. Make as many copies of this page as necessary, and

FRI	N #	(to be assigned b	y admini	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includ relevant brand names. Label this description with an A		n of components and costs, plus any	low. Attachment # USFATCH0102
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		red by others), list the Entity 589	060 -
		b. If the service is shared by all entities on a Block (e.g. A-1)		list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0 .	0	0	50,000	0	50,000	50,000	90%	\$45,000

Billed Entit, applicant #: 131976	Applica s Form Id	lentifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number: 5	515-242-7773		
BLOCK 5: Discount Funding Request(s)		Page 106	of 319	

FRI	N #	(to be assigned b	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includi relevant brand names. Label this description with an A		n of components and costs, plus any	w. Attachment # <u>USFATCH0102</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		red by others), list the Entity 5895	4 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	4 worksheet,	list the worksheet number:	
23	Calculations	<u> </u>			

William Calmana	Recu	rring Charges			Nor	Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	10,000	0	10,000	10,000	80%	8,000	

	1													
Bill	ed Entity A	pplicant #: 13	1976				Applicam s I	orm Ide	ntifie	er: <b>DMI</b>	PS4710101			
Con	tact Person	Greg Da	vis		<u> </u>		Phone Numb	er: 51	15-24	12-7773				
BL	OCK 5: Di	scount Fundin	g Requ	est(s)		1	Page 107 of 319							
Instr num	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	ge for EA	CH serv	ice (Funding all processed	Request Numl correctly.	ber) for which	ou are re	quest	ting discounts. Ma	ike as many co	pies of this page	as necessary, and	
FR	N #		····			(to be	assigned by	v admin	iistr	ator)				
11		of Service (only only of Service)						15	C "] m	Contract Number (if I'' if tariffed service, nonth-to-month servicescribed in instruction	"MTM" if ces as	RFP#	#00-48B	
12	Form 470	Application Nu	ımber:		704	340000296620	)	16	В	silling Account Nu e.g. billed telephon	ımber:	Ŋ	I/A	
	CDIN Coming David							17				12/12/2000		
13	SPIN – Service Provider Identification Number: 14300872							18	(n	Contract Award Dat nm/dd/yyyy)		01/1	2/2001	
								19a		ervice State Date (n			1/2001	
14	Service Pr	ovider Name	<del></del>		DaVoce	Enterprises,	Inc.	19b 20		ervice End Date (m Contract Expiration			V/A 0/2002	
21	Decarintie	f 4L:- C :							(r	mm/dd/yyyy)				
<b>Z</b> I	Descriptio	n of this Service:								components and cost note number in space		/. Attachment	# USFATCH0102	
22	Entity/Ent Service:	tities Receiving thi	is	Nı	ımber of the en	tity from Block	4 receiving this s	service.		thers), list the Entity	58950			
					service is share g. A-1)	d by all entities	on a Block 4 we	rksheet, li	st the	worksheet number:				
23	Calculatio	ns											_	
		Recu	rring C	harges			Non	-Recurri	ing C	Charges		Total Charge	es	
	A	В	(	C	D	E	F	G		Н	I	J	К	
(total amount for service) \$ amount in (A) pre-discount p		# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ am in (F) ineligib	ount is	Annual eligible pre-discount \$ amount for one-time charges (If minus G)	Total program year pre-discoun \$ amount (E & H)	worksheet)	Funding Commitment \$ Request (l x J)				
	0	0	[	0	0	0	5,000	0		5,000	5,000	80%	\$4,000	

\$4,000

Billed Entity Applicant #: 131976	Applic s Form I	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 108 of	319

FRI	N #	(to be assigned by	y admini	strator)	
11		egory should be checked)  O Internet Access   Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A			Attachment # USFATCH0102
22	Entity/Entities Receiving this Service:	<ul> <li>a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this set.</li> <li>b. If the service is shared by all entities on a Block 4</li> </ul>	service.		-
23	Calculations	(e.g. A-1)			

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	60%	\$3,000

Billed Entity Applicant #: 131976	Applicant's Form l	Identifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773		
BLOCK 5: Discount Funding Request(s)		Page 109	of 319	

FRN	1#	(to be assigned by	admini	strator)	
11		tegory should be checked)  O Internet Access   Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At-		n of components and costs, plus any	ow. Attachment # USFATCH0102
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s	5 -		
-		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

Billed Entity Applicant #: 131976	Applica s Form	Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 110 c	of 319

FRI	N #	(to be assigned b	y admini	strator)				
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: N/A (e.g. billed telephone number)				
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
		:	19a	Service State Date (mm/dd/yyyy)	07/01/2001			
			19b	Service End Date (mm/dd/yyyy)	N/A			
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A			w. Attachment # <u>USFATCH0102</u>			
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity  Number of the entity from Block 4 receiving this service.						
·-·		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	ce is shared by all entities on a Block 4 worksheet, list the worksheet number:					
23	Calculations			——————————————————————————————————————				

Recurring Charges				Non	-Recurring C	Charges Total Charges			s	
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	50%	\$2,500

Billed Entity Applicant #: 131976	Applica s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 111 of 319

FRI	<b>V</b> #	(to be assigned b	y admini	strator)		
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)  O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B	
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A	
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000	
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001	
			19a	Service State Date (mm/dd/yyyy)	07/01/2001	
			19b	Service End Date (mm/dd/yyyy)	N/A	
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002	
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A			low. Attachment # USFATCH0102	
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	99 –			
		b. If the service is shared by all entities on a Block (e.g. A-1)	4 worksheet,	list the worksheet number:		
23	Calculations					

Recurring Charges					Nor	1-Recurring C	harges		Total Charges		
A	В	С	D	E	F	G	Н	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	40%	\$2,000	